

REQUEST FOR CHANGE OF ADDRESS

You may request an address change via email, fax or mail. Your request must contain the following:

Name: _____
Last First Middle Maiden

Social Security Number: xxx-xx-_____
License Number: _____

Date of Birth: _____
Phone Number: _____

Previous Address: _____

New Address: _____

PLEASE SUBMIT TO:

Alabama Board of Examiners for Speech-Language Pathology and Audiology (ABESPA)
P.O. Box 304760
Montgomery, AL 36130-4760
Phone: (334) 269-1434 or 1-800-219-8315 (in Alabama)
Fax: (334) 834-9618
E-Mail ABESPA: abespa@mindspring.com

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